

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/16/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2616 EAST 5TH STREET CHARLOTTE, NC 28204	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on meal observations, a resident interview, staff interviews, review of resident grievances, and a test tray, the facility failed to promptly resolve grievances related to food quality for 1 of 8 sampled residents who filed grievances (Residents #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 01/28/15. A quarterly minimum data set, dated 11/06/16 assessed Resident #1 with intact cognition, able to be understood/understand, clear speech, and required staff supervision and set up assistance meals.</p> <p>Review of a grievance dated 10/01/16, revealed Resident #1 expressed that she received her breakfast meal at 9:30 AM and her food was cold; she requested another breakfast tray and after 45 minutes still had not received her breakfast. Review of the grievance documented the interim certified dietary manager (CDM) met with Resident #1 and updated the Resident's meal preferences.</p> <p>Resident #1 was interviewed on 11/13/16 at 2:50 PM and stated that she often received fried eggs for breakfast that looked like a fried egg, but did</p>	F 166	<p>Preparation on and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. This plan of correction is submitted as the facility's credible allegations of compliance.</p> <p>1)Social Worker completed a grievance for resident #1 in regard to food preferences and temperature on 12/7/16.</p> <p>2)Each resident residing in the facility has the potential to be affected.</p> <p>3) Social Service Director provided a "train the trainer" type of education to current managers on the facility policy, protocol and follow up to resolve grievances, to include the East and West Unit Managers and the DNS, Resident Council and Food Committee by 12/14/16.</p> <p>Social Service will complete 100% audit of grievances for current residents to ensure</p>	12/14/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/12/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 166	<p>Continued From page 1</p> <p>not taste like one. Resident #1 stated that the fried eggs she received were routinely soft, the edges were not crispy like fried eggs should be and at times tasted watery. She stated she had expressed this concern to the interim certified dietary manager (CDM), but that her concern had not been resolved.</p> <p>An interview with the interim CDM on 11/13/16 at 4:10 PM revealed she was aware that Resident #1 had previously expressed that she did not like the way her fried eggs were cooked. The CDM stated that she had spoken to Resident #1 about her concerns and determined that when the Resident received a fried egg that was cooked and stored on the tray line before service, the Resident often expressed dissatisfaction, but when she received a fried egg that was cooked, plated and served specifically for her, at times she expressed satisfaction. The CDM stated Resident #1's concern with her fried eggs had been an ongoing issue.</p> <p>A follow up interview with Resident #1 on 11/14/16 at 10:30 AM revealed that she received fried eggs for breakfast that morning that she did not like. She stated that her fried eggs were often rubbery/soggy and did not have crispy edges. Resident #1 also expressed that she received cold grits for breakfast that morning and that her breakfast was received cold every morning. She expressed that she shared these concerns previously with administrative staff, but that her concerns had not been resolved.</p> <p>Resident #1 was observed on 11/14/16 at 12:58 PM in her room with her lunch meal. She received barbeque chicken, potato salad, fruit cup, soup, water, and tea. Resident #1 declined</p>	F 166	<p>that no other food related concerns are identified as unresolved. Any outstanding grievances will be addressed appropriately by the responsible department to achieve resolution.</p> <p>Social Services and DCE education to cover the grievance policy/process. The Social Service Director and Director of Clinical Education will continue to educate on grievance process for current employees. Education will be completed by 12/14/16.</p> <p>Leadership team to include the ED & DNS will review the grievances daily in the Stand Up meeting.</p> <p>4)A QI monitoring tool will be utilized 5 x a week x 4 weeks, then 3x a week x 4 weeks then weekly x 4 weeks to capture new grievances.</p> <p>Social Worker will report results of the QI monitoring to the QAPI committee monthly, for 3 months, to identify any trends that require further education or monitoring as well as revision required to sustain substantial compliance.</p>		

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F 166	<p>Continued From page 2</p> <p>to eat her lunch meal stating it was cold. There was no visible steam observed coming from her lunch meal.</p> <p>A breakfast meal observation occurred on 11/15/16 at 7:50 AM. Sausage links and fried eggs were observed stored on the tray line submerged in a watery liquid. Temperature monitoring was observed conducted on 11/15/16 at 7:55 AM during the tray line with foods observed at the following temperatures: Oatmeal, 174 degrees Fahrenheit Fried Eggs, 154 degrees Fahrenheit</p> <p>On 11/15/16 at 8:03 AM, dietary staff #1 turned off the lowerator (plate warmer) stating that the plates were too hot to touch. A test tray was requested on 11/15/16 at 8:07 AM, placed on an open cart with 18 meal trays for residents, and arrived on the 200 unit at 8:11 AM. The delivery cart was transported to 3 different dining areas on the 200 unit for meal delivery. The test tray included a fried egg that was cooked just before the meal was plated. The test tray was sampled at 8:40 AM by the interim CDM and surveyor. The oatmeal was observed congealed with no visible steam. Butter, when added to the oatmeal did not melt. The bacon was cool/room temperature.</p> <p>The interim CDM and surveyor both tasted the breakfast meal and the interim CDM expressed that the oatmeal was medium warm, the fried egg was warm with a good texture, and the bacon was "more cool."</p> <p>An interview with the interim CDM and the supportive CDM on 11/15/16 at 8:46 AM revealed they were aware that at times a resident who normally ate a meal in the dining room, may have</p>	F 166			

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F 166	<p>Continued From page 3</p> <p>that meal in their room which caused nursing staff to take additional time to locate a resident for meal delivery, but was not aware that meal trays for multiple dining areas was included on the same meal delivery cart. The interim CDM stated that she started in September 2016, and was made aware from Food Committee meetings that residents had expressed concerns with food temperatures and delayed meal delivery. The interim CDM stated that she had not conducted test tray monitoring to identify why residents were receiving cold foods, but that she had observed the dietary systems intact to provide residents with palatable foods. The supportive CDM stated that the facility was in the process of making improvements in the dining experience, to include having dietary staff assist with meal delivery to residents who were independent with dining, but that her plan was to implement new changes when she was the lead CDM and not in a supportive role. The supportive CDM also stated that she had previously noticed that the fried eggs/sausage links were stored on the breakfast tray line in a "buttered water solution", when she questioned dietary staff regarding this, she was told this was done to provide soft/hot foods for residents with swallowing difficulties. The interim CDM stated she was unaware of this practice, but that storing the fried eggs/sausage links in a watery solution could contribute to the concerns Resident #1 expressed regarding dissatisfaction with her fried eggs.</p> <p>Dietary staff #1 was interviewed on 11/15/16 at 9:00 AM and stated that she was the morning cook and started employment a few weeks prior. Dietary staff #1 stated that she stored the fried eggs and sausage links on the breakfast trayline to keep them hot at the suggestion of another</p>	F 166			

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F 166	Continued From page 4 dietary staff person. An interview with the administrator occurred on 11/15/16 at 4:36 PM. The administrator stated that she was aware of resident concerns related to cold foods and monitored for this by observing food temperatures in the kitchen, but not on the nursing units at the point of service. The administrator stated that the facility and dietary department had a definite opportunity for better organization that would be addressed when the plans for an improved dining experience were implemented.	F 166			
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on dining observations, staff interviews and medical record review, the facility failed to feed 2 of 7 dependent residents at eye level to provide a dignified dining experience (Residents #9 and #10) and identify a resident by name (Resident #9) for 2 of 7 sampled residents observed during dining. The findings included: 1a. Resident #9 was admitted to the facility on 12/24/15. Diagnoses included Alzheimer's dementia and dysphagia.	F 241	Preparation on and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. This plan of correction is submitted as the facility's credible allegations of compliance. 1)DNS and Director of Clinical Education completed education with NA#1 and NA#2	12/14/16	

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F 241	<p>Continued From page 5</p> <p>A quarterly minimum data set assessment dated 9/16/16 and a care plan revised September 2016 revealed Resident #9 had severely impaired cognition, unclear speech, rarely understands, required a mechanically altered/therapeutic diet and required the extensive assistance of 1 staff person with eating.</p> <p>On 11/15/16 at 8:34 AM, nurse aide (NA) #1 delivered and set up a breakfast tray for Resident #9. NA #1 then fed the resident while standing to the left side of the resident's bed. The bed was in a low position and Resident #9 looked up towards NA #1 with her head hyperextended and turned to the left as she received her food. A chair was not observed to be available in the resident's room. NA #1 was interviewed during the observation and stated "we pass all trays then feed the feeders, she is a good eater."</p> <p>During a follow up interview on 11/15/16 at 11:57 AM, NA #1 stated that she received training to sit while assisting residents with meals. NA #1 further stated "...but there was no chair in the room, I should have sat down, and her bed height should be waist level so that when I sit down, I can feed at eye level." NA #1 continued in the interview and stated that she was trained that when a resident required extensive/total staff assistance with meals the resident was referred to as a "feeder."</p> <p>An interview was conducted on 11/15/16 at 1:45 PM with the clinical director of education (CDE). The CDE stated that she had been in this role since August 2016 and that NAs were trained to sit down to feed a resident at eye level and to refer to residents as dependent diners rather than feeders.</p>	F 241	<p>on 11/15/16 regarding positioning during dining experience and correct verbiage when referring to residents #8 and resident #9.</p> <p>2)All resident's have the potential to be affected.</p> <p>3)DNS and Director of Clinical Education and Social Services Dept. conducted an in-service of current staff in regards to positioning of resident - resident should be at eye level with care giver/aid, without their head turned to one side or another/hyperextended during dining experience and correct verbiage - that residents are not referred to as "feeder" but depended diners or assisted diners; in-service completed by 12/14/16. DCE will continue to in-service/orientation new employee regarding resident dignity with dining to include positioning of resident in a comfortable and appropriate manner for their condition, sitting at eye level and how to refer to residents, that need assistance as dependent diners or assisted diners to keep resident dignity intact.</p> <p>4)QI monitoring tool will be utilized 3x a week for 4 weeks, then 2x a week for 4 weeks, then weekly for 4 weeks for 3 months to ensure continued compliance. DNS will report results of the QI monitoring tool to QAPI committee monthly x 3 Months to identify any trends that require further education and/or monitoring. Executive Director will take corrective</p>		

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F 241	<p>Continued From page 6</p> <p>The administrator and director of nursing (DON) were interviewed on 11/15/16 at 4:36 PM and both stated that they expected staff to sit down to feed residents. The administrator stated that she had previously observed/heard staff use the terminology "feeder" in reference to a resident dependent on staff for assistance with meals and that she corrected that terminology when she heard it. The DON stated that as a result of that, she provided an inservice in September 2016 regarding dining/customer service and staff were instructed to sit when feeding residents. Review of the documentation provided revealed NA #1 attended this training.</p> <p>1b. Resident #10 was admitted to the facility on 1/15/10. Diagnoses included cerebral atherosclerosis and Alzheimer's disease.</p> <p>A quarterly minimum data set assessment dated 08/29/16 and a care plan revised August 2016 revealed Resident #10 had severely impaired cognition, no speech, sometimes understands, highly impaired vision, severely impaired cognition, required extensive assistance from 1 staff person with eating and received a mechanically altered/therapeutic diet.</p> <p>On 11/15/16 at 8:40 AM, nurse aide (NA) #2 delivered and set up a breakfast tray for Resident #10. NA #2 then fed the resident while standing to the left side of the resident's bed. The bed was at waist height of NA #2 and Resident #10 looked up towards NA #2 with her head hyperextended and turned to the left as she received her food. A chair was observed to be available in the resident's room.</p>	F 241	<p>action as necessary based on QA Committee findings.</p>		

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F 241	Continued From page 7 NA #2 was interviewed on 11/15/16 at 11:30 AM and stated that was trained to be seated while assisting residents with meals. NA #2 further stated that she should be at eye level when feeding a resident so that the resident would not have to look up and extend her head and also because this would be more dignified. An interview was conducted on 11/15/16 at 1:45 PM with the clinical director of education (CDE). The CDE stated that she had been in this role since August 2016 and that NAs were trained to sit down to feed a resident at eye level. The administrator and director of nursing (DON) were interviewed on 11/15/16 at 4:36 PM and both stated that they expected staff to sit down to feed residents. The DON stated that she provided an inservice in September 2016 regarding dining/customer service and staff were instructed to sit when feeding residents. Review of the documentation provided revealed NA #2 attended this training.	F 241			
F 244 SS=E	483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility. This REQUIREMENT is not met as evidenced by: Based on dining observations, interviews with 2 residents (Residents #1 and #8), and a test tray,	F 244	Preparation on and/or execution of this plan of correction does not constitute	12/14/16	

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F 244	<p>Continued From page 8</p> <p>the facility failed to resolve resident concerns with food quality expressed during 2 of 2 Resident Council/Food Committee meetings held in September 2016 and October 2016.</p> <p>The findings included:</p> <p>1a. Review of minutes from a Resident Council meeting held on 9/08/16 revealed 11 of 12 residents expressed that the flavor and appearance of their food was not satisfactory and 6 of 6 residents expressed they did not receive foods that they liked to eat. Resident #1 and Resident #8 both attended this meeting.</p> <p>Review of minutes from a Food Committee meeting held on 10/26/16 revealed that 12 residents attended and agreed that the food was often cold and received late.</p> <p>A follow up interview to the Resident Council/Food Committee meeting was conducted with Resident #1 on 11/14/16 at 10:30 AM and revealed that she received fried eggs for breakfast that morning that she did not like. She stated that her fried eggs were often rubbery/soggy and did not have crispy edges. Resident #1 also expressed that she received cold grits for breakfast that morning and that her breakfast was received cold every morning. She expressed that she shared these concerns previously with administrative staff and during Resident Council/Food Committee meetings, but that her concerns had not been resolved.</p> <p>A follow up interview to the Resident Council/Food Committee meeting was conducted with Resident #8 on 11/14/16 at 6:45 PM. During the interview, Resident #8 stated that she had</p>	F 244	<p>admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. This plan of correction is submitted as the facility's credible allegations of compliance.</p> <p>1)Residents #1 & #8 food preferences were revisited by the RD on 12/9/16. Tray cards are accurate as of this date to reflect the resident preferences.</p> <p>2)Each resident residing in the facility has the potential to be affected. Current Resident were reviewed to ensure preferences were being honored and that tray cards reflect their preferences.</p> <p>3)Service call performed to ensure the plate warmer was functioning correctly. Pellet warmer was repaired by an outside vendor.</p> <p>Executive Director or Designee will attend the resident food committee for 3 months to ensure grievances are documented and that the appropriate actions are taken to correct any documented grievances.</p> <p>Tray delivery system revised to improve efficiency to ensure residents trays arrive timely.</p> <p>Dietary Manager or Designee will provide education to current dietary staff before 12/14/16 regarding the use of plate</p>		

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F 244	<p>Continued From page 9</p> <p>previously expressed concerns with food quality during Resident Council/Food Committee meetings that were not resolved. Resident #8 expressed that she did not like the food, the food did not taste good and did not look good. She stated that since she expressed her concerns, someone came and talked to her, but the food was no better.</p> <p>An interview with the interim CDM and the supportive CDM on 11/15/16 at 8:46 AM revealed the interim CDM started in September 2016, and was made aware from Food Committee meetings that residents had expressed concerns with food temperatures and delayed meal delivery. The interim CDM stated that she had not conducted test tray monitoring to identify why residents were receiving cold foods, but that she had observed the dietary systems intact to provide residents with palatable foods. The supportive CDM stated that the facility was in the process of making improvements in the dining experience, to include having dietary staff assist with meal delivery to residents who were independent with dining. She further expressed that her plan was to implement new changes when she was the lead CDM and not in a supportive role.</p> <p>An interview with the social worker (SW) occurred on 11/15/16 at 3:32 PM and revealed that she attended Resident Council meetings, documented any grievances expressed by residents and provided the documentation to the responsible department for follow up. The SW stated that after the department resolved the grievance, the administrator would also follow up to ensure the concern was resolved. The SW stated the facility would need to look at a system of extending the follow up to ensure that the</p>	F 244	<p>warmer and pelette system.</p> <p>The Dietary Manager or designee will review resident preferences upon admission, and during the quarterly Care Plan review and with any food related concerns/grievances.</p> <p>Random weekly Test Tray Audits will be conducted 2 times each week by the Social Service Director or Assistant, Director of Nursing, Business Office Manager, Unit Managers, Director of Clinical Education and the Weekend Supervisor to include the Manager on Duty, to monitor the appearance of food, temperature, flavor and texture. Resident interviews will be conducted along with the Test Tray audits to ensure residents are satisfied with the temperature, flavor and texture.</p> <p>4)Executive Director or Designee will utilize QI tool to ensure resident satisfaction is met and will report results to the QAPI committee monthly x 3 months. Any trends identified will be taken to the Resident Council committee for discussion and action taken as necessary to ensure continued compliance.</p>	

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F 244	<p>Continued From page 10</p> <p>grievance was resolved and remained resolved.</p> <p>An interview with the activity director (AD) occurred on 11/15/16 at 4:30 PM and revealed that the activity department facilitated Resident Council meetings, any grievances that were expressed were documented by the SW and given to the appropriate department for follow up/resolution. The AD stated that her department did not follow up with dietary concerns nor attend Food Committee meetings. The AD stated that the prior CDM was no longer at the facility, but would have responsible for minutes from the Food Committee and follow up to any dietary concerns. .</p> <p>An interview with the administrator occurred on 11/15/16 at 4:36 PM. The administrator stated that she was aware of resident concerns related to cold foods and monitored for this by observing food temperatures in the kitchen, but not on the nursing units at the point of service. The administrator stated that the facility and dietary department had a definite opportunity for better organization that would be addressed when the plans for an improved dining experience were implemented.</p> <p>1b. Resident #1 was admitted to the facility on 01/28/15. A quarterly minimum data set, dated 11/06/16 assessed Resident #1 with intact cognition, able to be understood/understand, clear speech, and required staff supervision and set up assistance meals.</p> <p>Resident #1 was interviewed on 11/13/16 at 2:50 PM and stated that she often received fried eggs for breakfast that looked like a fried egg, but did not taste like one. Resident #1 stated that the</p>	F 244			

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F 244	<p>Continued From page 11</p> <p>fried eggs she received were routinely soft, the edges were not crispy like fried eggs should be and at times tasted watery. She stated she had expressed this concern to the interim certified dietary manager (CDM) and during Resident Council/Food Committee meetings, but that her concern had not been resolved.</p> <p>An interview with the interim CDM on 11/13/16 at 4:10 PM revealed she was aware that Resident #1 had previously expressed that she did not like the way her fried eggs were cooked. The CDM stated that she had spoken to Resident #1 about her concerns and determined that when the Resident received a fried egg that was cooked and stored on the tray line before service, the Resident often expressed dissatisfaction, but when she received a fried egg that was cooked, plated and served specifically for her, at times she expressed satisfaction. The CDM stated Resident #1's concern with her fried eggs had been an ongoing issue.</p> <p>A follow up interview with Resident #1 on 11/14/16 at 10:30 AM revealed that she received fried eggs for breakfast that morning that she did not like. She stated that her fried eggs were often rubbery/soggy and did not have crispy edges. Resident #1 also expressed that she received cold grits for breakfast that morning and that her breakfast was received cold every morning. She expressed that she shared these concerns previously with administrative staff and during Resident Council/Food Committee meetings, but that her concerns had not been resolved.</p> <p>Resident #1 was observed on 11/14/16 at 12:58 PM in her room with her lunch meal. She received barbeque chicken, potato salad, fruit</p>	F 244			

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F 244	<p>Continued From page 12</p> <p>cup, soup, water, and tea. Resident #1 declined to eat her lunch meal stating it was cold. There was no visible steam observed coming from her lunch meal.</p> <p>A breakfast meal trayline observation occurred on 11/15/16 at 7:50 AM. Sausage links and fried eggs were observed stored on the tray line submerged in a watery liquid. Temperature monitoring was observed conducted on 11/15/16 at 7:55 AM during the tray line with foods observed at the following temperatures: Oatmeal, 174 degrees Fahrenheit Fried Eggs, 154 degrees Fahrenheit</p> <p>On 11/15/16 at 8:03 AM, dietary staff #1 turned off the lowerator (plate warmer) stating that the plates were too hot to touch. A test tray was requested on 11/15/16 at 8:07 AM, placed on an open cart with 18 meal trays for residents, and arrived on the 200 unit at 8:11 AM. The delivery cart was transported to 3 different dining areas on the 200 unit for meal delivery. The test tray included a fried egg that was cooked just before the meal was plated. The test tray was sampled at 8:40 AM by the interim CDM and surveyor. The oatmeal was observed congealed with no visible steam. Butter, when added to the oatmeal did not melt. The bacon was cool/room temperature.</p> <p>The interim CDM and surveyor both tasted the breakfast meal and the interim CDM expressed that the oatmeal was medium warm, the fried egg was warm with a good texture, and the bacon was "more cool."</p> <p>An interview with the interim CDM and the supportive CDM on 11/15/16 at 8:46 AM revealed they were aware that at times a resident who</p>	F 244			

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F 244	<p>Continued From page 13</p> <p>normally ate a meal in the dining room, may have that meal in their room which caused nursing staff to take additional time to locate a resident for meal delivery, but was not aware that meal trays for multiple dining areas was included on the same meal delivery cart. The interim CDM stated that she started in September 2016, and was made aware from Food Committee meetings that residents had expressed concerns with food temperatures and delayed meal delivery. The interim CDM stated that she had not conducted test tray monitoring to identify why residents were receiving cold foods, but that she had observed the dietary systems intact to provide residents with palatable foods. The supportive CDM stated that the facility was in the process of making improvements in the dining experience, to include having dietary staff assist with meal delivery to residents who were independent with dining, but that her plan was to implement new changes when she was the lead CDM and not in a supportive role. The supportive CDM also stated that she had previously noticed that the fried eggs/sausage links were stored on the breakfast tray line in a "buttered water solution", when she questioned dietary staff regarding this, she was told this was done to provide soft/hot foods for residents with swallowing difficulties. The interim CDM stated she was unaware of this practice, but that storing the fried eggs/sausage links in a watery solution could contribute to the concerns Resident #1 expressed regarding dissatisfaction with her fried eggs.</p> <p>Dietary staff #1 was interviewed on 11/15/16 at 9:00 AM and stated that she was the morning cook and started employment a few weeks prior. Dietary staff #1 stated that she stored the fried eggs and sausage links on the breakfast trayline</p>	F 244			

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F 244	Continued From page 14 to keep them hot at the suggestion of another dietary staff person. An interview with the administrator occurred on 11/15/16 at 4:36 PM. The administrator stated that she was aware of resident concerns related to cold foods and monitored for this by observing food temperatures in the kitchen, but not on the nursing units at the point of service. The administrator stated that the facility and dietary department had a definite opportunity for better organization that would be addressed when the plans for an improved dining experience were implemented.	F 244			
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on meal observations, 2 of 2 Resident Council/Food Committee meetings, resident interviews (Residents #1 and #8), staff interviews, review of resident grievances, and a test tray, the facility failed to provide foods according to resident preference for temperature and taste. The findings included: 1a. Review of minutes from a Resident Council meeting held on 9/08/16 revealed 11 of 12 residents expressed that the flavor and	F 364	Preparation on and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. This plan of correction is submitted as the facility's credible allegations of compliance.	12/14/16	

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F 364	<p>Continued From page 15</p> <p>appearance of their food was not satisfactory and 6 of 6 residents expressed they did not receive foods that they liked to eat. Resident #1 and Resident #8 both attended this meeting.</p> <p>Review of minutes from a Food Committee meeting held on 10/26/16 revealed that 12 residents attended and agreed that the food was often cold and received late.</p> <p>A follow up interview to the Resident Council/Food Committee meeting was conducted with Resident #1 on 11/14/16 at 10:30 AM and revealed that she received fried eggs for breakfast that morning that she did not like. She stated that her fried eggs were often rubbery/soggy and did not have crispy edges. Resident #1 also expressed that she received cold grits for breakfast that morning and that her breakfast was received cold every morning. She expressed that she shared these concerns previously with administrative staff and during Resident Council/Food Committee meetings, but that her concerns had not been resolved.</p> <p>A follow up interview to the Resident Council/Food Committee meeting was conducted with Resident #8 on 11/14/16 at 6:45 PM. During the interview, Resident #8 stated that she had previously expressed concerns with food quality during Resident Council/Food Committee meetings that were not resolved. Resident #8 expressed that she did not like the food, the food did not taste good and did not look good. She stated that since she expressed her concerns, someone came and talked to her, but the food was no better.</p> <p>An interview with the social worker (SW) occurred</p>	F 364	<p>1)Residents #1 & #8 food preferences were revisited by the RD on 12/9/16. Tray cards are accurate as of this date to reflect the resident preferences.</p> <p>2)Each resident residing in the facility has the potential to be affected. Current Resident were reviewed to ensure preferences were being honored and that tray cards reflect their preferences.</p> <p>3)Service call performed to ensure the plate warmer was functioning correctly. Pellet warmer was repaired by an outside vendor.</p> <p>Dietary Manager or Designee will provide education to current dietary staff before 12/14/16 regarding the use of plate warmer and pelette system.</p> <p>The Dietary Manager or designee will review resident preferences upon admission, and during the quarterly Care Plan review and with any food related concerns/grievances.</p> <p>Random weekly Test Tray Audits will be conducted 2 times each week by the Social Service Director or Assistant, Director of Nursing, Business Office Manager, Unit Managers, Director of Clinical Education and the Weekend Supervisor to include the Manager on Duty, to monitor the appearance of food, temperature, flavor and texture. Resident interviews will be conducted along with the Test Tray audits to ensure residents are satisfied with the temperature, flavor and</p>		

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F 364	<p>Continued From page 16</p> <p>on 11/15/16 at 3:32 PM and revealed that she attended Resident Council meetings, documented any grievances expressed by residents and provided the documentation to the responsible department for follow up. The SW stated that after the department resolved the grievance, the administrator would also follow up to ensure the concern was resolved. The SW stated the facility would need to look at a system of extending the follow up to ensure that the grievance was resolved and remained resolved.</p> <p>An interview with the administrator occurred on 11/15/16 at 4:36 PM. The administrator stated that she was aware of resident concerns related to cold foods and monitored for this by observing food temperatures in the kitchen, but not on the nursing units at the point of service. The administrator stated that the facility and dietary department had a definite opportunity for better organization that would be addressed when the plans for an improved dining experience were implemented.</p> <p>1b. Resident #1 was admitted to the facility on 01/28/15. A quarterly minimum data set, dated 11/06/16 assessed Resident #1 with intact cognition, able to be understood/understand, clear speech, and required staff supervision and set up assistance meals.</p> <p>Review of a grievance dated 10/01/16, revealed Resident #1 expressed that she received her breakfast meal at 9:30 AM and her food was cold; she requested another breakfast tray and after 45 minutes still had not received her breakfast. Review of the grievance documented the interim certified dietary manager (CDM) met with Resident #1 and updated the Resident's meal</p>	F 364	<p>texture.</p> <p>4)Executive Director or Designee will utilize QI tool to ensure resident satisfaction is met and will report results to the QAPI committee monthly x 3 months. Any trends identified will be taken to the Resident Council committee for discussion and action taken as necessary to ensure continued compliance.</p>		

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F 364	<p>Continued From page 17 preferences.</p> <p>Resident #1 was interviewed on 11/13/16 at 2:50 PM and stated that she often received fried eggs for breakfast that looked like a fried egg, but did not taste like one. Resident #1 stated that the fried eggs she received were routinely soft, the edges were not crispy like fried eggs should be and at times tasted watery. She stated she had expressed this concern to the interim CDM, but that her concern had not been resolved.</p> <p>An interview with the interim CDM on 11/13/16 at 4:10 PM revealed she was aware that Resident #1 had previously expressed that she did not like the way her fried eggs were cooked. The CDM stated that she had spoken to Resident #1 about her concerns and determined that when the Resident received a fried egg that was cooked and stored on the tray line before service, the Resident often expressed dissatisfaction, but when she received a fried egg that was cooked, plated and served specifically for her, at times she expressed satisfaction. The CDM stated Resident #1's concern with her fried eggs had been an ongoing issue.</p> <p>A follow up interview with Resident #1 on 11/14/16 at 10:30 AM revealed that she received fried eggs for breakfast that morning that she did not like. She stated that her fried eggs were often rubbery/soggy and did not have crispy edges. Resident #1 also expressed that she received cold grits for breakfast that morning and that her breakfast was received cold every morning. She expressed that she shared these concerns previously with administrative staff, but that her concerns had not been resolved.</p>	F 364			

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F 364	<p>Continued From page 18</p> <p>Resident #1 was observed on 11/14/16 at 12:58 PM in her room with her lunch meal. She received barbeque chicken, potato salad, fruit cup, soup, water, and tea. Resident #1 declined to eat her lunch meal stating it was cold. There was no visible steam observed coming from her lunch meal.</p> <p>A breakfast meal tray line observation occurred on 11/15/16 at 7:50 AM. Sausage links and fried eggs were observed stored on the tray line submerged in a watery liquid. Temperature monitoring was observed conducted on 11/15/16 at 7:55 AM during the tray line with foods observed at the following temperatures: Oatmeal, 174 degrees Fahrenheit Fried Eggs, 154 degrees Fahrenheit</p> <p>On 11/15/16 at 8:03 AM, dietary staff #1 turned off the lowerator (plate warmer) stating that the plates were too hot to touch. A test tray was requested on 11/15/16 at 8:07 AM, placed on an open cart with 18 meal trays for residents, and arrived on the 200 unit at 8:11 AM. The delivery cart was transported to 3 different dining areas on the 200 unit for meal delivery. The test tray included a fried egg that was cooked just before the meal was plated. The test tray was sampled at 8:40 AM by the interim CDM and surveyor. The oatmeal was observed congealed with no visible steam. Butter, when added to the oatmeal did not melt. The bacon was cool/room temperature.</p> <p>The interim CDM and surveyor both tasted the breakfast meal and the interim CDM expressed that the oatmeal was medium warm, the fried egg was warm with a good texture, and the bacon was "more cool."</p>	F 364			

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F 364	Continued From page 19 An interview with the interim CDM and the supportive CDM on 11/15/16 at 8:46 AM revealed they were aware that at times a resident who normally ate a meal in the dining room, may have that meal in their room which caused nursing staff to take additional time to locate a resident for meal delivery, but was not aware that meal trays for multiple dining areas was included on the same meal delivery cart and could also delay meal delivery. The interim CDM stated that she started in September 2016, and was made aware from Food Committee meetings that residents had expressed concerns with food temperatures and delayed meal delivery. The interim CDM stated that she had not conducted test tray monitoring to identify why residents were receiving cold foods, but that she had observed the dietary systems intact to provide residents with palatable foods. The supportive CDM stated that the facility was in the process of making improvements in the dining experience, to include having dietary staff assist with meal delivery to residents who were independent with dining, but that her plan was to implement new changes when she was the lead CDM and not in a supportive role. The supportive CDM also stated that she had previously noticed that the fried eggs/sausage links were stored on the breakfast tray line in a "battered water solution", when she questioned dietary staff regarding this, she was told this was done to provide soft/hot foods for residents with swallowing difficulties. The interim CDM stated she was unaware of this practice, but that storing the fried eggs/sausage links in a watery solution could contribute to the concerns Resident #1 expressed regarding dissatisfaction with her fried eggs. Dietary staff #1 was interviewed on 11/15/16 at	F 364			

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F 364	<p>Continued From page 20</p> <p>9:00 AM and stated that she was the morning cook and started employment a few weeks prior. Dietary staff #1 stated that she stored the fried eggs and sausage links on the breakfast trayline to keep them hot at the suggestion of another dietary staff person.</p> <p>An interview with the administrator occurred on 11/15/16 at 4:36 PM. The administrator stated that she was aware of resident concerns related to cold foods and monitored for this by observing food temperatures in the kitchen, but not on the nursing units at the point of service. The administrator stated that the facility and dietary department had a definite opportunity for better organization that would be addressed when the plans for an improved dining experience were implemented.</p>	F 364			